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Mismatch in weight loss goals between patients with obesity and healthcare practitioners

Priya Sumithran^{1,*}, Joseph Proietto¹, Luke Prendergast²

¹ *University of Melbourne, Austin Health, Heidelberg, Vic, Australia*

² *La Trobe University, Department of Mathematics and Statistics, Bundoora, Australia*

Background: National guidelines for the treatment of obesity consider weight loss of 5–10% a successful outcome, as it is associated with improvements in weight-related comorbidities [1]. The average weight loss achieved with lifestyle interventions and pharmacotherapy is in this range [1], but the results envisioned by people seeking treatment for obesity often exceed this [2]. We evaluated weight loss goals among participants enrolling in a dietary weight loss study.

Methods: 100 adults with obesity undertook an 8-week modified very-low-energy diet (VLED) program, which involved replacing 2 meals per day with a commercially available formulation (*Optifast* VLCD, Nestlé Nutrition) and consuming one low-carbohydrate meal per day (total daily energy intake approx. 3350 kJ/800 kcal per day), followed by a structured transition to regular foods and 12 month follow-up. Prior to starting the program, participants' weight loss goals were assessed using the Goals and Relative Weights questionnaire [2], which asks participants to nominate a dream weight, and weights they would be happy with, accept, or be disappointed to achieve.

Results: The participants were 61 women and 39 men with (mean \pm SD) age 48.2 ± 12.5 years, weight 113.5 ± 25.9 kg and BMI 39.8 ± 7.3 kg/m². The average reported "dream" weight was 78.0 ± 12.3 kg, and "disappointed" weight 101.7 ± 21.6 kg. Mean percentage weight losses required to achieve "dream", "happy", "acceptable" and "disappointed" weights were 29.8 ± 9.5 , 22.3 ± 8.3 , 16.5 ± 7.5 and $9.9 \pm 5.7\%$ respectively.

Conclusion: Weight loss of 10%, which would be considered a successful outcome by healthcare practitioners, is viewed as disappointing by people with obesity starting a weight loss program. Participants' weight loss goals greatly exceed the average results achieved with even the most intensive non-surgical interventions.

This research was funded by a Bupa Health Foundation grant.



Reference

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<https://doi.org/10.1016/j.orcp.2016.10.272>

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Prediction of body mass index for the adult population of Australia: Age-cohort trend analysis

King Wa Tam^{1,*}, Michelle M. Haby², Lennert Veerman¹

¹ *School of Public Health, University of Queensland, Herston, QLD, Australia*

² *Department of Chemical Biological and Agricultural Sciences, Universidad de Sonora (Unison), Hermosillo, Sonora, Mexico*

An upward trend in body mass index has been observed in the Australian adult population for over three decades. This trend may not continue, as recent evidence for high-income countries suggests decelerating rates of increase or even a plateau. The objective of this paper is to evaluate the predictive performance of an existing two-factor age-cohort regression model and estimate it with the addition of new data.

Population-based cross-sectional datasets from 1980 to 2012 are used in the analysis, including Risk Factor Prevalence Surveys from 1980, 1983, and 1989, National Nutrition Survey 1995, Australian Diabetes, Obesity and Lifestyle Study 2000, National Health Survey 2007–2008, and National Nutrition and Physical Activity Survey 2011–2012. Previous analysis included data up to 2000, i.e. two additional datasets have been included in this study. Body mass index (BMI) is calculated from measured weight and height, for Australians aged 18 years and older who were not pregnant at the time of evaluation.

Age-adjusted trend is projected to be 2.47% increase per decade for males and 3.18% increase per decade for females, compared to 2.74% and 3.91% from earlier predictions. The respective mean BMI for men and women in 2025 is predicted to be 28.51 kg/m² (95% CI 27.90–29.13) and 28.13 kg/m² (95% CI 27.36–28.92), when age-standardised to population level in 2012. It is found

